ARIZONA@WORK™
MARICOPA COUNTY

1. Complaint Information:	
Name: ☐Employee ☐Participant ☐Other, please specify:	
Home Phone:	Work Phone:
Cell Phone:	Email:
2. Respondent Information:	
Name of Agency Involved:	
Address of Agency Involved:	Telefono:
3. Best Time to contact:	
What is the best time and place for us to contact you about this complaint?	
4. When & Where did the discrimination take place?	
To your best recollection on what date(s), and in what location(s) or place(s) did the discrimination take place?	
First occurrence:	
Most recent occurrence:	
5. Local Level Resolution:	
Have you attempted to resolve this complaint at the local level?	☐Yes ☐No
A. Have you been provided with a final decision at the local level regarding your complaint?	☐Yes ☐No
B. Has 90 days elapsed since you filed or attempted to file this complaint at the local level?	☐Yes ☐No
C. Date you filed or attempted to file your complaint at the local level?	
6. Describe what happened:	
Explain as briefly and clearly as possible what happed and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also, attach any written material pertaining to your case.	

7. Department of Labor Program involved:

To the best of your knowledge, which of the following department of labor programs were involved? (Check as many as apply to this complaint)

☐ Registered Apprenticeship ☐ Employment Service ☐ Mine Safety Health Administration ☐ Job Corps	☐ Older Worker Program ☐ OSHA ☐ Trade Adjustment Assistance ☐ Veterans Services	☐ Unemployment Insurance ☐ Vocational Rehabilitation ☐ Workforce Innovation and Opportunity Act (WIOA) ☐ Other, specify:

8. Basis of complaint:

☐ Race	Specify:
☐ Religion	Specify:
☐ Sex	Specify:
☐ Disability	Specify:
☐ Citizenship	Specify:
☐ Color	Specify:
☐ National Origin:	Specify:
☐ Age: (DOB)	Specify:
☐ Political Affiliations	Specify:
☐ Reprisal Retaliations	Specify:
☐ Other	Specify:

9. Discrimination involved:

Do you think the discrimination against you involved: (Check one)

1. Your job or seeking employment? ☐ Yes ☐ No
2. Your use of facilities or someone providing or not providing you with services or benefits? ☐ Yes ☐ No

☐ Application ☐ Hiring ☐ Wages ☐ Union Activity ☐ Discipline/Reprimand ☐ Qualification Testing ☐ Access/Accommodation ☐ Recall (From Layoff/Furlough)	☐ Enrollment ☐ Seniority ☐ Exclusion ☐ Benefits ☐ Transfer ☐ Transition ☐ Grievance Procedure	☐ Performance Appraisal ☐ Layoff/Furlough ☐ Union Representation ☐ Promotion ☐ Referral ☐ Access/Accommodation ☐ Discharge/Termination ☐ Intimidation/Reprisal	☐ Training ☐ Harassment ☐ Placement
☐ Other - Specify:			

10. Why do you believe these events occurred?

11. What other information do you think is relevant to our investigation?

12. If this complaint is resolved to your satisfaction, what remedies do you seek?

13. Witnesses: Please list below any (witnesses, fellow employees, supervisors, or others) that we may contact for your additional information to support or clarify your complaint:

Name	**Address**	**Telephone**

14. Do you have an attorney? ☐ Yes ☐ No

If yes, please provided name, address and phone:

Attorney Name:	Address:	Phone:

15. Have you filed a case or complaint with any of the following:

☐ Civil Rights Division, US Dept of Justice
☐ Federal or State Court
☐ US equal Employment Opportunities Commission
☐ State or local Human Relations/Rights Commission

16. For each item checked in #15 above, please provide the following information:

1.	Agency:	Date Filed:
	Case or Docket Number:	
	Location of Agency or Court:	

	Comments:	
2.	Agency:	Date Filed:
	Case or Docket Number:	
	Location of Agency or Court:	
	Comments:	

Please continue to the next page to the Complaint Consent and Release Form

For EO Office Use Only
Date complaint received:
Date investigation completed:
Disposition: ☐Untimely ☐Unfounded ☐Upheld
If upheld, attach a copy of the corrective action determination: If upheld, date follow-up investigation conducted:

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Complaint Consent and Release Form

We will need your consent to disclose your name to persons not employed by MWC, if this becomes necessary in the course of any investigation.

Name:

_____

Address: _____City: _____ State: _____ZIP: _____

Please read the information below, check the appropriate box, and sign this form.

As a complainant, I understand that in order for MWC to investigate the allegations in my complain, it will likely be necessary for MWC Administrative Staff to reveal my identity to the persons(s) alleged to have discriminated against me and to disclose information about my complaint to such persons(s), including details I have provided as part of my complaint.

I understand that MWC will disclose information about my complaint, including personally identifying details to MWC officials who have a need to know this information. I understand that MWC may need to obtain information about me from the individuals and entities outside of MWC and may need to disclose information about me to persons not employed with by MWC when this is necessary to investigate my complaint. I understand that MWC is required to honor requests under the Freedom of Information Act. Finally I understand that as a complainant, I may not be intimidated or retaliated against for having filed a discrimination complaint against MWC or for having participated in a complaint filed against MWC.

☐ Consent – I have read and I understand the above information and I authorize MWC to reveal my identity to persons not employed by MWC. I herby authorize MWC to receive information and material about me that is pertinent to the investigation of my complaint from individuals and entities inside and outside of MWC. This release includes, but is not limited to personal records and Medical Records. I understand that the material and information will be used for the purpose of the investigation and deciding my complaint. I further understand that I am not required to consent to this release, and I do so voluntarily.

☐ Consent Denied- I have read and I understand the above information and I do not want MWC to reveal my identity to person(s) I allege discriminated against me, to other MWC officials, or to persons not employed by MWC. I do not want MWC to obtain copies of material and information about me pertinent to my complaint from individuals and entities outside of MWC. I understand that this likely to impede the investigation of my complaint and my result in the complaint being closed.

Signature Date